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PAT	ENT APPLI	CATION Substitu	I FEE DETE	RMINATIO	ON ech	RECORD e December 8	2004	Acolo	9000	1409
APPLICATION AS FILED -				PART ((Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FÖR M		BERFLEO	NUKB	NUMBER EXTRA		RATE (\$)	FEE (I)		RATE (S)	FEE (1)
BASIC FEE DI CFR 1 15(4) (6) of (,,,	N/A :		NIA		NVA .	150.00	1	N/A .	300.00
BEARCH FEE DI CER 1 16(U. N. or (n		N/A		NIA		N/A .	\$250	1 :	· N/A	\$600
EXAMINATION FEE BY CFR-1, 1610, 191, or 1	oji	N/A		N/A		NA	\$100]	N/A	\$200
TOTAL CLAMS DI OFR 146(1)		minus 20 +		•		X\$ 25 .		OR.	X\$50 .	
NDEPENDENT CLAI	MS	minus 3 =			1	X100 .	·	1	X200 .	
APPLICATION SIZE FEE 7 CFR + 16(4))	sheets of is \$250 (additional 35 U.S.C	If the specification and drawings sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or fraction to 35 U.S.C. 41(a)(1)(G) and 37 CF		ize fee due each isreof. See		+160=			+360=	
NULTIPLE DEPENDENT CLAIM PRESENT (07 OFR 1 16(1))]					
If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	L	، ، ا ا	TOTAL .	ļ
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	OR	OTHE	THAN ,
My lieu	CLAIMS REMAINING AFTER AMENDIMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (6)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (5)
Total Great Man	14	Minus	70	: 5	П	X\$.25 .		OR .	X\$50 .	
Total Total Green CHAIN Gree	· V,J.	Minus	<u>7</u>	-	$\ \cdot\ $	X100 .		QR.	X200 .	
Application Size	Fee (37 CFR 1.1	i6(s))] [
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160)] [+180=	•	OR	+360=	
					_	ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)		. (Column 2)	(Column 3)		`	·			
	CLAIMS REMAINING AFTER. AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (I)	ADDI- TIONAL FEE (5)		RATE (\$)	ADOI- TIONAL FEE (5)
Total Care Care	26.	Minus	- 25	s. (X\$ 25 .		OR.	X\$50 .	50
Independent GP CFR L16NS	• (Minus ·	 3)		X100 .		OR ·	X200 _	
Application Size	Fee (37 CFR 1.1	6(s))			[
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.14@)						+180=		OR	+360=	
		•				ADD'L FEE		OR	ADD'L FEE	5-0

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the Tighest Number Previously Paid For" th THIS SPACE is less than 20, enter "20".

If the Tighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Tighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

I colocition of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the pubble which is to file (and by the "TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, ading gathering, pre-paring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS XRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.